PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application of Docket Number (0725327												muer		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
T	OTAL CLAIM	S	(9		·			RATE	F	EE	1	RATE	FEE	
F	OR		NUMBER FILED .		NUMBER EXTRA			BASIC F	EE 38	5.00	OR	BASIC FEE	770.00	
Ŧ	OTAL CHARGE	ABLE CLAIMS	34 m	34 minus 20=		4	XS:				OR	X\$18=	252	
IN	DEPENDENT C	CLAIMS	2 1	ν minus 3 =		0		X43=	十			X86=		
MI	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT		₽.		1146			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	4-		OR	+290=	290	
CLAIMS AS AMENDED - PART II									_ا	نــــ	OR	TOTAL	1312	
	4145 (Column 1) (Column 2) (Column 3)							SMALI	. ENTI	TY	OR	SMALL		
AMENDMENT A		CLAMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	AD TIQI FE	NAL	·	RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	- 3	4	•		X\$ 9=			OR	X\$18=		
	Independent	· 3	Minus	- 3		• -		X43=	1		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	\top			+290=		
					•			TOTA			OR	TOTAL		
	10/28/5	(Column 1)		(Colum	n 21	 (Catumn 3)	•	ADDIT. FE	-		OR ,	ADDIT, FEE	ا . ا	
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	- 3	4	. —		X\$ 9=	Π		OR	X\$18=		
	Independent	• /	Minus	3		. —	ı	X43=	1	7	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1			+290=		
				•		•	L	YOTAL	 		DA [TOTAL	-	
					_		A	DOIT. FEE	L	'ب	DA. V	DOIT, FEE		
	`	(Column 1)		(Column	\$1	(Column 3)	_		ADD	7	_		ADIDI-	
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT		RATE	TION	AL		RATE	TIONAL	
	Total	• /7	Minus	- 3	4_	-/-		X\$ 9=		k	R	X\$18-		
		• 3	Minus	ت 👊				X43=		٦,	Ä	X86=		
1	HAST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	AIM	لسلسي	1	+145-		1		+290=		
H	the entry in colum	un 1 is less than the	entry in colu	non 2, write T	f in cot	umn 3.	L	+145=		┩`	B F	+290= TOTAL		
11	the "Highest Nur	aber Previously Pal raber Previously Pa	W For IN THIS	S SPACE to I	oes the	1 3, exter "3."		DOTT. FEE				DOIT. FEEL		
n	he "Highest Num!	ber Previously Paid	For (Total or	ind pendern) is the	highest number	loun	d in the ap	propriete	box i	1 colui	nn 1.		

FORM PTO-875 (Rev. 10/03)

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